



King County

2002 Open Enrollment for 2003

Deputy Sheriff Guide

Read this guide!

It explains:

- How your benefits are changing January 1, 2003 ► page 2-3
- What to do with your Open Enrollment (OE) Form ► pages 4-11
- Benefits that need no decisions ► pages 12-13
- For additional information ► page 14

Your OE Form shows in **bold** the coverage you will receive in 2003 if you don't return the form. If you want different coverage, mark, sign and return the form by **November 1** to:

King County Benefits Operations
Exchange Building EXC-ES-0300
821 Second Avenue
Seattle WA 98104-1598

Otherwise, do nothing and the **bold** coverage shown on your OE Form will become effective January 1.

This guide is not a complete description of each plan. More details about each benefit are in plan booklets available at www.metrokc.gov/ohrm/benefits or by request from Benefits Operations. Although we've made every effort to ensure this guide is accurate, provisions of the official plan documents and contracts govern in the case of any discrepancy. The benefit program is subject to review and may be modified or terminated at any time for any reason. This guide does not create a contract of employment between King County and any employee.

Call 206-684-1556 for alternate formats.

How benefits are changing January 1, 2003

In 2003 there will be changes to the medical/vision plans, the life insurance benefit and flexible spending accounts. The changes are explained in this section. In early 2003 you will receive new plan booklets, updated to include the information provided here.

► The maximum benefit for chemical dependency treatment under all three medical/vision plans will increase

The maximum benefit per 24-month period increases to:

- \$12,000 (from \$11,000) for Regence BlueShield
- \$12,000 (from \$10,680) for PacifiCare
- \$11,285 (from \$10,680) for Group Health.

► The transplant benefit for Regence BlueShield will change

For Regence BlueShield, the maximum benefit for donor organ procurement increases from \$25,000 to \$50,000. Travel expenses continue to be covered up to \$2,500 per transplant, but the distance requirement increases from 30 to 75 miles.

► The skilled nursing benefit and newborn enrollment for Group Health will change

For Group Health, skilled nursing services will be covered up to 60 days per year (in addition to the coverage available in lieu of hospitalization).

All county employees must submit an Add Form to Benefits Operations within 60 days (sooner if possible) to add a newborn for coverage. In the past, if a Group Health member failed to submit the form, Group Health automatically enrolled the newborn anyway. Beginning January 1, newborns will no longer be automatically enrolled, even if born in a Group Health facility.

► You may add enhanced life insurance during this open enrollment without evidence of insurability and between open enrollments for certain qualifying changes in status without evidence of insurability; the benefit becomes portable

During this open enrollment, you may add enhanced life insurance without evidence of insurability, but this is the last time. Evidence of insurability will be required if you add it during a future open enrollment. (New deputy sheriffs may add enhanced life without evidence of insurability when they are first eligible.)

After January 1, 2003, you may add enhanced life insurance between open enrollments without evidence of insurability for certain qualifying changes in status.

Effective January 1, life insurance becomes portable. If you terminate employment with the county (but not if you retire or leave employment due to a disability), you may continue to pay the insurance company directly for the basic and enhanced coverage you and your family members had on your last day of employment. The age-specific rates you pay for continued coverage may be different from the rates paid by active employees.

- **The amount you will be able to contribute to a tax-saving flexible spending account to pay certain expenses not covered by your health plans will increase to \$6,000 per year**

Health Care Flexible Spending Accounts allow you to set aside pretax dollars to pay for certain expenses (including deductibles and copays applied to the expenses) not covered by your medical, dental and vision plans. With higher deductibles and copays in 2003, King County has increased the amount you can set aside in a Health Care FSA from \$3,000 to \$6,000 per year. See your Flexible Spending Account Guide for details and FSA enrollment forms.

What to do with your OE Form

► What's listed on the form

The front of your OE Form lists all your coverage:

- Medical/vision
- Dental
- Vision
- \$6,000 basic life insurance for you
- \$1,000 basic life insurance for each family member
- Enhanced life insurance for you
- \$6,000 basic accidental death and dismemberment insurance for you
- Covered family members.

Only the coverage you can change at open enrollment (medical/vision, enhanced life for you and covered family members) are described in this section. Coverage you cannot change (everything else) is described in "Benefits that need no decisions," pages 11-12.

On the back of your OE Form are blank Beneficiary Designation and Affidavit of Marriage/Domestic Partnership Forms. These forms are provided as a convenience in case you'd like to update your beneficiaries or add a spouse or domestic partner for coverage.

► Decide what to do by November 1

The coverage you will receive in 2003 if you don't return your OE Form is shown in **bold**.

Review the form with this guide. This section describes your election options in the same order as they appear on your form. Decide if you want the **bold** or different coverage. If you want different coverage, mark, sign and return the form by **November 1** to Benefits Operations.

Otherwise, do nothing and the **bold** coverage will become effective January 1.

► Medical/Vision

You may choose from three plan options. The option you select is also the option your family members receive.

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Annual deductible	\$100 per person/\$300 per family	None	None
Copay/office visit	None	\$5	\$7
After deductible/copays, plan pays most covered expenses at ...	80% - 100%	100%	100%
Until you reach your annual out-of-pocket expenses of ... then most expenses are paid at 100% for rest of year	\$375/person (excluding deductible)	\$500 per person/\$1,500 per family	\$1,000 per person/\$2,000 per family
Lifetime maximum	\$1,000,000	No limit	No limit
Requires primary care physician (PCP)	No	Yes	Yes
Additional benefits for LEOFF 1 employees with occupational injuries	None	None	100% ambulance services No emergency room care copay 100% skilled nursing facility care up to 30 days/condition
Alternative care	100%	100% after \$5 copay/visit	100% after \$7 copay/visit Referral required; limits apply; call plan for details
Ambulance services	80%	100%	80% (100% for LEOFF 1 with occupational injuries)
Chemical dependency treatment	100% inpatient 100% outpatient \$12,000 maximum/24 months	100% inpatient 100% outpatient \$12,000 maximum/24 months	100% inpatient 100% outpatient after \$7 copay/visit \$11,285 maximum/24 months
Chiropractic care	100%	100% after \$5 copay when referred by PCP 100% after \$10 copay/visit up to 33 visits/year when self-referred (must see a network provider)	100% after \$7 copay/visit when medically necessary
Circumcision	100%	100%	100%
Diabetes care training	100%	100%	100% after \$7 copay/visit
Durable medical equipment and diabetic equipment	80%	100%	80%

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Emergency care (in an emergency room)	80% after \$25 copay (waived for accidental injury, surgery or if directly admitted)	100% after \$50 copay/visit (waived if admitted)	100% after \$75 copay/visit at network facility (waived if admitted) \$125 copay/visit at non-network facility (waived if LEOFF 1 with occupational injuries)
Family planning	Covered at various levels; call plan for details	100%	Covered at various levels; call plan for details
Home health	90% up to 130 visits/year	100% up to 130 visits/year	100%
Hospice care	90% (the greater of 6 months or \$10,000 lifetime maximum)	100% (6-month lifetime maximum)	100% (limits apply; call plan for details)
Hospital care	80% inpatient and outpatient	100%	100%
Lab, x-rays and other diagnostic testing	100% physician services 80% hospital services	100% (includes mammograms, prenatal tests)	100%
Manipulative therapy (including chiropractic services)	See chiropractic care	See chiropractic care	100% after \$7 copay/visit
Maternity care - delivery and related hospital care	100% physician services 80% hospital services	100% after \$10 copay/pregnancy	100%
Maternity care - prenatal and postpartum care	100% physician services 80% hospital services	100% after \$10 copay/pregnancy	100% after \$7 copay/visit
Mental health care - inpatient	100% up to 8 days/year	100% up to 30 days/year; 100% residential and day treatment (also subject to inpatient maximum; each day of care counts as half an inpatient day)	80% up to 12 days/year
Mental health care - outpatient	50% up to 12 visits/year	100% after \$5 copay/visit up to 30 visits/year	100% after \$20 copay/individual, family or couple/visit and \$10 copay/group session up to 20 visits/year
Neurodevelopmental therapy - inpatient For children age 6 and under	80% up to \$2,000 annual benefit maximum	100%	100% up to 60 days/condition/year
Neurodevelopmental therapy - outpatient For children age 6 and under	80% up to \$2,000 annual benefit maximum	100% after \$10 copay/visit up to 60 visits/condition	100% after \$7 copay/visit up to 60 visits/condition/year
Newborn care Up to at least 3 weeks as mandated by state law	100% physician services 80% hospital services	Covered at various levels; call plan for details	Covered at various levels; call plan for details

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Physician and other medical and surgical services Includes benefits for mastectomy-related services - reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from mastectomy, including lymphedema; call plans for more information	100% physician services in an office, home, hospital or skilled nursing facility 100% physician services for surgery 100% lab and x-ray	100% inpatient 100% outpatient after \$5 copay/visit	100% inpatient 100% outpatient after \$7 copay/visit
PKU formula	100%	100%	100%
Prescription drugs - up to 30-day supply through network pharmacies)	100% after \$7 copay for generic 100% after \$12 copay for preferred brand 100% after \$27 for non preferred brand Copays do not apply against deductible	100% after \$5 copay/prescription or refill	100% after \$5 copay/prescription or refill
Prescription drugs - up to 90-day supply through mail order	100% after \$14 copay for generic 100% after \$24 copay for preferred brand 100% after \$54 copay for non-preferred brand Copays do not apply against deductible	100% after \$10 copay/90-day supply	100% after \$5 copay/30-day supply
Preventive care Such as routine exams and immunizations	100%	100% after \$5 copay/visit	100% after \$7 copay/visit
Radiation therapy, chemotherapy and respiratory therapy	100% for radiation and chemotherapy; for respiratory therapy see home health, hospice or hospital care sections	100%	100% after \$7 copay/visit
Rehabilitative services – inpatient	100% up to \$50,000/condition	100%	100% up to 60 days/condition/year
Rehabilitative services – outpatient	80% up to \$2,000/year	100% after \$10 copay/visit up to 60 days or visits/condition/year	100% after \$7 copay up to 60 visits/condition
Skilled nursing facility	80% to 90 days/year	100% up to 150 days lifetime maximum/condition (must be in place of a hospital stay)	100% up to 60 days/condition For LEOFF 1 with occupational injuries up to 30 days/condition
Smoking cessation - sessions	75% after deductible/network provider \$500 lifetime maximum	100% after \$20 copay/network program	100% network provider 1 program/year maximum

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Smoking cessation - nicotine replacement	Not covered	100% after \$20 copay for each 4-week supply if prescribed by PCP (90-day treatment maximum)	100% or \$5 copay/30-day supply (whichever is less) for network program
Sterilization procedures	100%	100%	100% after \$7 copay/visit
Supplemental accident benefits	100% up to \$600/injury Deductible does not apply	Not covered	Not covered
TMJ	Not covered	Not covered	Up to \$1,000 maximum/person/year in plan payments Lifetime maximum of \$5,000/person
Tooth injury	100% physician/dentist/denturist services 80% hospital services (up to \$600/injury) Deductible does not apply	100%	Not covered
Transplants (certain transplants/services only)	100% physician and travel expenses 80% hospital services; (donor organ procurement costs up to \$50,000; travel expenses up to \$2,500/transplant)	100% up to \$500,000 lifetime maximum	100%
Urgent care	Covered at various levels; call plan for details	100% after \$5 copay/visit	100% after \$7 copay/visit
Vision care - eye exams	100% for 1 exam/calendar year Deductible does not apply	100% for 1 exam every 12 months	100% after \$7 copay for 1 exam every 12 consecutive months (must use Group Health providers)
Vision care - eyeglasses (frames and lenses)	Allowance/lens (maximum of 2 separate lenses/calendar year): Single vision \$20 Bifocal \$30 Trifocal \$40 Lenticular or aphakic \$65 Frames (every 2 years) \$30	100% for 1 pair of glasses and frames/person/24 months (Vista vision providers) 100% to maximum allowable benefit of \$100 (non-participating providers)	Not covered
Vision care - contact lenses (instead of glasses)	Medically necessary, up to \$100/lens provided only for aphakia or if vision is correctable to 20/70 or better only by use of contact lenses If cosmetic, single lens allowance applies Deductible does not apply	100% up to \$100 for standard contacts (benefits limited to once every 24 months)	Not covered

► Enhanced life insurance for you

During this open enrollment, you may add enhanced life insurance without evidence of insurability, but this is the last time. Evidence of insurability will be required if you add it during a future open enrollment. (New deputy sheriffs may add enhanced life without evidence of insurability when they are first eligible.)

You may purchase enhanced life in the amount of your base annual salary less \$6,000. If you elect this enhanced coverage, you pay the full cost of \$.334/\$1,000 each month (the rate was \$.35/\$1,000 in 2002). If you die for any reason, the beneficiaries you designate receive the amount you elect in addition to your county-paid basic life insurance benefit.

An example to help you figure the cost: If your base annual salary is \$45,000 and you elect enhanced coverage, your enhanced coverage amount is $\$45,000 - \$6,000 = \$39,000$. You pay $\$.334 \times 39 = \13.03 each month for this amount.

After January 1, 2003, you may add enhanced life insurance between open enrollments (without evidence of insurability) for certain qualifying changes in status. You may add it when you marry or establish a new domestic partnership and cover your first child under your other health plans. To add coverage, you must submit an Enhanced Life/AD&D Change Form to Benefits Operations within 30 days of the qualifying event. (You may drop or reduce coverage anytime.)

Effective January 1, life insurance becomes portable. If you terminate employment with the county (but not if you retire or leave employment due to a disability), you may continue to pay the insurance company directly for the basic and enhanced coverage you and your family members had on your last day of employment. You may pay for your own coverage until you reach age 75 and (as long as you continue your own coverage) for a spouse or domestic partner until he/she is 65 and a child until he/she is 19 (23 if solely dependent on you for support). The age-specific rates you pay for the continued coverage may be different from the rates paid by active employees.

► Family members

You may add or delete family members during open enrollment, or correct any family member information that is wrong on your OE Form.

To protect the privacy of covered family members listed on your OE Form, only the last four digits of their Social Security numbers are shown. If you add a new family member for coverage, however, you must provide a **complete Social Security number** along with the other information indicated and any required attachments.

The following family members are eligible under your coverage if you enroll them:

- Your spouse/domestic partner (attach copy of marriage certificate or complete the Affidavit of Marriage/Domestic Partnership Form on the back of the OE Form)
- Unmarried children of you or your spouse/domestic partner who are:
 - Under age 23 and chiefly dependent on you for support and maintenance (generally, that means you claim them on your federal tax return); a child may be your natural child, adopted child, stepchild, legally designated ward, child placed with you as legal guardian, child legally placed with you for adoption, or a child for whom you assume total or partial legal obligation for support in anticipation of adoption (attach appropriate documentation)
 - Named in a Qualified Medical Child Support Order as defined under federal law and authorized by plan (attach copy of QMCSO).

There is no cost to cover family members, but when you cover a domestic partner and his/her children for health benefits (medical/vision and dental) the IRS taxes you on the value of the coverage. To do this, the value of the coverage is added to the salary shown on your paycheck (and W-2 at the end of the year), federal income tax is withheld on the higher salary amount and then the value is subtracted from your salary.

If you want to add a domestic partner and his/her child(ren) for only enhanced life and/or enhanced accidental death and dismemberment insurance (and not health benefits), check the “Yes” box next to their names on your OE Form under “Cover DP or DP’s child(ren) for life/AD&D only?”

Here are the taxable values for the different combinations of health plans.

Monthly Taxable Value of Health Plans	DP Only		DP's Children		DP + DP's Children	
	2002	2003	2002	2003	2002	2003
Regence BlueShield + WDS Dental	\$ 291.01	\$ 326.61	\$ 249.42	\$ 281.03	\$ 540.43	\$ 607.64
PacifiCare + WDS Dental	\$ 314.27	\$ 316.89	\$ 254.63	\$ 257.54	\$ 568.89	\$ 574.43
Group Health + WDS Dental	\$ 298.72	\$ 329.79	\$ 267.87	\$ 296.95	\$ 566.89	\$ 626.74

► On the back of your OE Form

On the back of your form are blank Beneficiary Designation and Affidavit of Marriage/Domestic Partnership Forms. Both forms are blank (your beneficiaries are not listed); the forms are provided during open enrollment as a convenience to you.

Please do not contact Benefits Operations during open enrollment for beneficiary information; that information is kept in your benefit file and difficult to retrieve during the busy time of open enrollment. If you're not sure who's designated as beneficiary, complete and return the Beneficiary Designation Form - and keep a copy for your records.

Complete and return the Affidavit of Marriage/Domestic Partnership Form if you're adding a spouse or domestic partner for coverage in 2003.

Benefits that need no decisions

You and the eligible family members you list on your form automatically receive dental and basic life insurance coverage; you receive basic accidental death and dismemberment insurance. These “automatic” benefits need no decisions so they’re not listed on your OE Form.

► Dental

Dental coverage will remain the same continue to be provided by Washington Dental Service in 2003.

Washington Dental Service increases your payment levels through its incentive program when you regularly see your dentist. For diagnostic and preventive services as well as basic and restorative services the payment level starts at 70% and increases 10% for each calendar year until you reach 100% (as long as you visit your dentist each year). If you do not see the dentist during the calendar year your payment level is reduced to the next lower payment level, but never below 70%.

Washington Dental Service	
Annual deductible	None, but you and each covered family member pay coinsurance (if any), amounts in excess of usual and customary rates (unless you see a participating dentist) and expenses for services not covered.
Annual maximum benefit (doesn't apply to orthodontic or TMJ services)	\$2,500/person
Covered Expenses	Plan Pays
Diagnostic and preventive services (1 exam and cleaning every 6 months, complete x-rays every 3 years, supplemental bitewing x-rays every 6 months)	70% - 100% based on your incentive level; see dental booklet for details
Basic services (fillings, stainless steel crowns, extractions, root canals, periodontics)	70% - 100% based on your incentive level; see dental booklet for details
Major services – restorative (crowns, onlays, fixed bridges)	70% - 100% based on your incentive level; see dental booklet for details
Major services – prosthodontics (dentures)	70%
Orthodontic services - adults and children	60%, up to a \$2,500 lifetime benefit maximum
Orthognathic surgery	70% up to a \$5,000 lifetime benefit maximum
Accidental injury	100%

► Basic life insurance for you

You automatically receive county-paid basic life insurance. If you die for any reason the beneficiaries you designate receive \$6,000.

► Basic life insurance for your family

The eligible family members you enroll automatically receive county-paid basic life insurance. If your spouse, domestic partner or child (14 days or older) dies, you receive \$1,000.

Effective January 1, life insurance becomes portable. If you terminate employment with the county (but not if you retire or leave employment due to a disability) and continue your coverage under the new portability option, you may continue to pay the insurance company directly for the basic coverage your family members had on your last day of employment. You may pay for a spouse or domestic partner until he/she is 65 and a child until he/she is 19 (23 if solely dependent on you for support). The age-specific rates you pay for the continued coverage may be different from the rates paid by active employees.

► Basic accidental death and dismemberment insurance for you

You automatically receive county-paid basic accidental death and dismemberment insurance. If you die in a covered accident the beneficiaries you designate receive \$6,000 in addition to your basic life insurance benefit. If you are dismembered or paralyzed you receive an amount that depends on the type of loss.

Accidental death and dismemberment insurance is not available to family members.

For additional information

For Questions About ...	Contact ...
General Benefits Open enrollment and making changes Flexible spending account enrollment Life, accidental death and dismemberment and long term disability insurance plan details Alternate formats	Benefits Operations Exchange Building EXC-ES-0300, 821 Second Ave., Seattle 98104-1598 Phone 206-684-1556 ▪ 1-800-325-6165 x41556 ▪ 711 TTY Relay Service Fax 206-684-1925 E-mail kc.benefits@metrokc.gov Web www.metrokc.gov/ohrm/benefits
Medical/Vision Identification cards Providers (doctors, hospitals, etc.) Filing claims Other plan details (covered expenses, limitations, exclusions, preauthorization)	Regence BlueShield PO Box 30271, Salt Lake City UT 84130 Phone 1-800-544-4246 ▪ 771 TTY Relay Service Web www.regence.com (e-mail through Web site) PacifiCare PO Box 6092, Cypress CA 90630-0092 Phone 1-800-932-3004 ▪ 771 TTY Relay Service Web www.pacificare.com (e-mail through Web site) Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 206-901-4636 ▪ 1-888-901-4636 ▪ 771 TTY Relay Service E-mail info@ghc.org Web www.ghc.org
Prescription Mail Order Service	Regence BlueShield members use Postal Prescription Services PO Box 42200, Portland OR 9742-0200 Phone 1-800-552-6694 ▪ 771 TTY Relay Service E-mail usmyrrx1@ibmmail.com Web www.ppsrx.com PacifiCare members use Prescription Solutions PO Box 6092, Cypress CA 90630-0092 Phone 1-800-562-6223 ▪ 771 TTY Relay Service Web www.pacificare.com (e-mail through Web) Group Health members use Group Health
Dental Providers Filing claims Other plan details	Washington Dental Service PO Box 75688, Seattle WA 98125-0688 Phone 206-522-2300 ▪ 1-800-554-1907 ▪ 771 TTY Relay Service E-mail cservice@deltadentalwa.com Web www.deltadentalwa.com
Flexible Spending Accounts Account balances Reimbursement Other plan details	Associated Administrators Inc. PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340 ▪ 1-800-428-4833 TDD Fax 1-800-979-8987 E-mail flex@aai-tpa.com Web www.aai-pca.com